DEPARTMENT

CESULTS

minneapolis

Health Department

2018 department budget: \$22.7 million

Performance summary

Enterprise priorities (page 4): Workforce diversity, Spending with diverse suppliers **Department priorities** (page 5): Supporting non-profit community based organizations

Trend	Key		l
Year-over-year		Less than 5%	l
(YoY) increase by more than 5%		YoY change	
YoY decrease by	0	No trend	

Budget program	2018 Budget	Performance measure	2018 performance	Trend from prior year	Trend: Red/yellow/green
Family and Early Childhood	\$3.7M	 Perinatal home visiting funding Individuals served through Family Home Visiting 	 \$3 million 3152 individuals 	1. Stable 2. Stable	1. 0
Core Public Health Infrastructure	\$3.6M	Competitive grant expenditures	1. \$7.8 million	1. Increase	1.
Food Lodging and Pools	\$3.3M	 Routine inspections and citations Serving Safety training languages 	 4590 inspections; \$8.7K 41 languages 	1. Increase 2. N/A	1. 2. 0
School Based Clinic Program	\$3.1M	 Number of clients screened for mental health Number of STI tests conducted 	1. 1,080 clients 2. 4293 tests	 Decrease Stable 	1. 2. 0
Environmental Services	\$2.1M	 Pollution control registrations and permits Pollution and CO2 reductions 	 5358 registrations; 2079 permits issued 76208 millions of pounds of CO2 	 Decrease; Increase Increase 	1. 2.
Youth Development and Sexual Health	\$1.9M	Number of individuals tested for STIs during Citywide testing day	1. 2,378 students	1. Stable	1.

Performance summary (continued)

Trend Key					
	Year-over-year		Less than 5%		
	(YoY) increase by more than 5%		YoY change		
	YoY decrease by more than 5%	\bigcirc	No trend		

Budget program	2018 Budget	Performance measure	2018 performance	Data trend	Status indicator: Red/yellow/green
Minneapolis Healthy Living Initiative	\$1.6M	 Availability of comprehensive wellness activities in MPHA buildings Proportion of MPHA residents with access to comprehensive wellness activities Compliance with Staple Foods Ordinance 	 29% 35% 38% at 100% compliance 	 Increase Increase Decrease 	1.
Youth Violence Prevention	\$1.5M	 Shooting and homicide incidents Group Violence Intervention Outcomes 	1. 83 2. 117 individuals	 Decrease Increase 	1. 2.
Lead Poisoning and Healthy Homes	\$1.4M	 Number of lead poisonings Number of prevention inspections 	 90 lead-poisoned children 254 inspections 	 Decrease Stable 	1. 2.
Emergency Preparedness and Infectious Disease Prevention	\$.5M	 Training hours and average staff per training Program expense and funding sources 	 299 training hours; 13.75 staff per training \$985K cost, \$508K funding 	 Stable Decrease 	1. 0 2.
Senior Services	\$.1M	1. No metrics	1. N/A	1. N/A	1. N/A

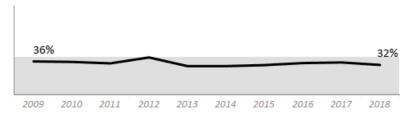
Enterprise Priorities

Workforce diversity

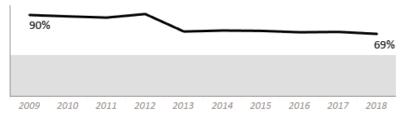
- Does not meet enterprise goal of 41% people of color
- Meets enterprise goal of 45% women
- Historically we have sought to hire staff that mirror the community. The pool of candidates is sometimes a limiting factor. Divisions within the Department have restructured positions to allow for more flexibility is qualifying credentials and experience and have created more entry level positions to facilitate more in house training and promotion opportunities.

Workforce diversity (2009-2018)

People of color



Women



Notes:

(1) Grey shading indicates enterprise goals (41% people of color and 45% women).

Spending with diverse suppliers*

- Exceeds Citywide percent diverse spending
- Exceeds Citywide percent spending with minority-owned suppliers
- Exceeds Citywide percent spending with non-minority women-owned suppliers
- Variations from year to year are related to specific spending needs of programs and initiatives. Targeted outreach into Green Zones for Environmental Programs may help continue the trend of exceeding the Citywide percent of diverse spending.

Total supplier spending* over selected years \$2.1M Amount spent with diverse suppliers over selected years \$779K (38%) Minority-owned Non-minority women \$184K (9%) \$595K (29%) Share of diverse spending* (all years)

OM

2013

2014

2015

2016

2017

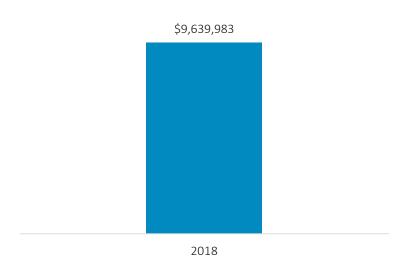
2018

Department Priorities

Priority 1. Supporting non-profit community based organizations

• The Health Department has a tradition of taking much of the money it receives through grants and other sources and passing it along to non-profit community based organizations. These organizations use our financial support to help accomplish the goals of the Health Department. While there is some fluctuation, due to the amount of money we are able to raise, it remains a consistently high number. This data represents the total amount of the contracts we have with non-profit organizations. The actual dollar amount going out the door in any given year may fluctuate depending on the time period of the contract itself.

Funding to non-profit organizations

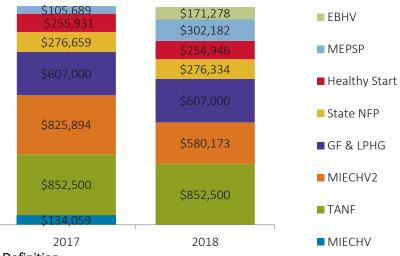


Family and Early Childhood

Program description: Targeted and intensive family home visiting promotes healthy birth outcomes, positive parent-child interaction, child growth and development, family self sufficiency, nutrition education, and family planning and connection to early childhood education. Additional programs promote school ready children.

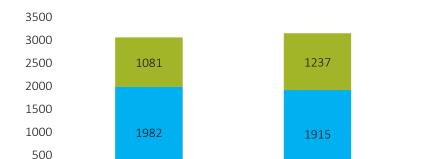
Performance measures

Perinatal Home Visiting Funds by Source



Definition:

 Seven local, state and federal funding sources are combined to fund family home visiting. 80% are competitive grants successfully obtained by the department.



2017

■ Non-Intensive HIV

Individuals Served by Family Home Visiting

Definition:

0

• MHD strives to provide intensive home visiting to as many low-income, high risk, mothers, young children and fathers as possible using evidence based and evidence informed approaches. Home visiting helps the city achieve its goal of a healthy start to life.

2018

■ Intensive HIV

Core Public Health Infrastructure

Program description: As a local public health entity operating under a Community Health Board (City Council), the department is mandated by Minnesota Statutes, chapter 145A, to provide directly or contract for essential public health services for Minneapolis residents. An adequate public health infrastructure includes a governance structure, assessing community health needs, setting health priorities, meeting state reporting requirements, engaging the community, advocating for policy changes, fostering healthy environments, and ensuring that staffing reflects the diversity of the Minneapolis community. In Minneapolis, grant writing to address priority needs is also an essential component of the Public Health Infrastructure.

Performance measures

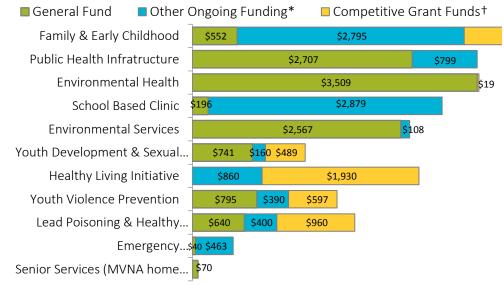
Competitive grant expenditures (in \$ millions)



Definition:

 Competitive grant funding increased in 2018 relative to the three previous years. Large grants are typically funded for 3-5 years.
 Without these funds, City efforts to reduce racial and socioeconomic health inequities would be severely reduced.

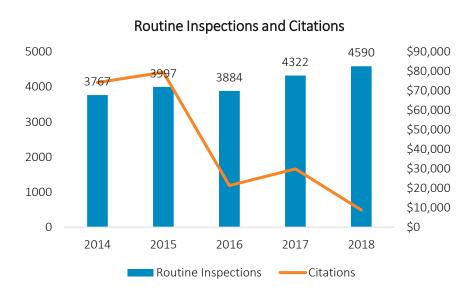
Competitive Grant Budget for 2018 (in \$ Thousands) based on budget book



Food Lodging and Pools

Program description: The Food, Lodging, and Pools (FLP) program protects health and safety by ensuring food served to the public is safe and in compliance with state and local health codes. FLP conducts more than 7,000 inspections a year of over 5,000 facilities including restaurants, food trucks, schools, board and lodging facilities, hotels, pools, tanning and body arts establishments, day care centers, farmers markets, groceries, and food vendors. Dedicated to promoting economic inclusion, the FLP team made a dramatic shift from enforcement to education. Serving Safety, a comprehensive educational program developed for our businesses, provides in-house consultancy and hands on training in multiple languages to businesses struggling with meeting health codes. Participating restaurants showed a 25% reduction in food safety violations after participating in the program.

Performance measures



Definition:

- Since 2010, the number of full routine health inspections conducted has steadily increased. In spite of the increase in inspections, revenue from citations have decreased as the department has shifted from strict enforcement to education and consultation to gain compliance.
- Routine inspections do not include re-inspections, complaints, plan review, illness investigations or other categories of inspections.



Definition:

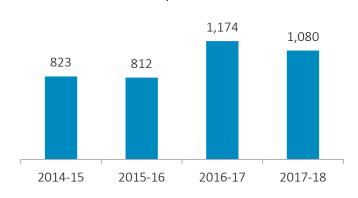
- Serving Safety educational program includes materials, videos, web-based and classroom training, and in-house consultancy for Minneapolis businesses.
- All educational programs are offered in multiple languages. Inhouse consultancy training is provided in the language(s) requested by the business.

School Based Clinic Program

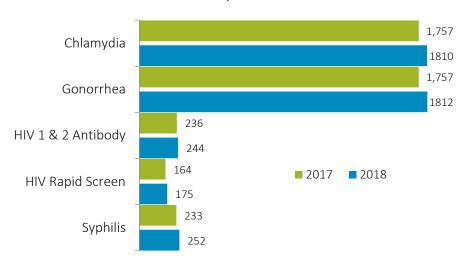
Program description: The Department operates School Based Clinics (SBC) in six Minneapolis public high schools and health education and screening services at one alternative school site for pregnant and parenting teens. All clinic services are provided by medical, behavioral health, and health education professionals. The focus is on adolescent health services including acute illness care, well-teen exams, reproductive care, nutrition education, immunizations, individual and group health education, and mental health screenings, diagnostic assessments and counseling.

Performance measures

Number of Clients Screened for Mental Health by School Year



STI Tests Conducted by Calendar Year



Definition:

 This is one of the quality improvement clinical performance measures for SBC is the number of clients who receive an annual mental health screen or risk assessment. The number represents the number of clients screened for all sites completed.

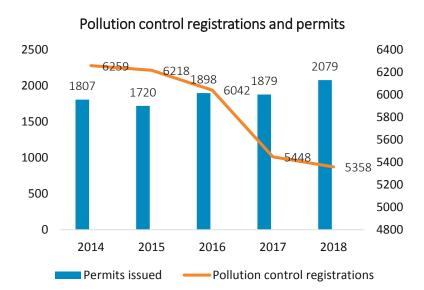
Definition:

School Based conducts STI screening events and classroom
presentations where students can come in for lab test only
regardless of whether they are a patient at the clinic or not. SBC
has also implemented protocols that have improved the
percentage of sexually active patients who receive STI testing
annually. These numbers reflect our continuous efforts.

Environmental Services

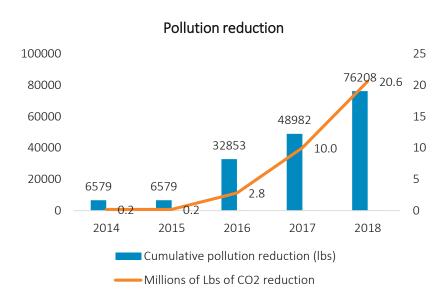
Program description: Environmental Services is the operational arm of much of the city's environmental work. The unit protects environmental and public health from the adverse effects of pollution through two state delegated well programs, one federally mandated storm water program, nine local environmental permits, and immediate response to spills and citizen concerns. The group also manages programs like the city's tree program, energy benchmarking, and the Green Cost Share Program to reduce pollution.

Performance measures



Definition:

• This a reflection of the base workload and diverse business lines within the Environmental Services group. The charts and lines signify numbers of permits and registrations.



Definition:

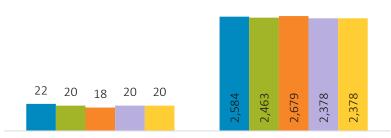
 This is the amount of pollution eliminated through Environmental Services each year in Minneapolis in pounds of criteria pollution as bars and millions of pounds of climate change causing CO2 equivalent scale as the line.

Youth Development and Sexual Health

Program description: This program includes policy work and out-of-school time services for low income youth; collaborative partnerships with schools, county and community-based agencies; technical assistance and training to youth workers, teachers and volunteers; comprehensive sexual health education; and coordination of the City's prevention response to the Safe Harbors Act.

Performance measures

Middle School Science based sexual health education



Number of schools providing Health Number of students participating Education

■ 2013/2014 ■ 2014/2015 ■ 2015/2016 ■ 2016/2017 ■ 2017/2018

Definition:

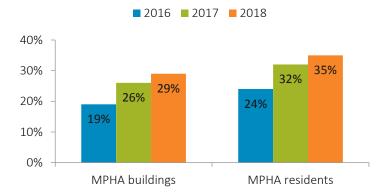
The City of Minneapolis provides funding and technical assistance
to Minneapolis Public Schools to provide science based sexual
health education to middle schools (6-8) grade students. Health
Education is not a state required course in middle schools in
Minnesota. The grid shows the number of schools/classes being
offered in the Middle schools and the number of students who
were enrolled and participated in the class that school year.

Healthy Living Initiative

Program description: The Healthy Living Initiative consists of 23 strategies implemented with community partners to increase opportunities for healthy eating, physical activity and tobacco-free living. The goal of these strategies is to reduce the burden of tobacco- and obesity-related chronic diseases on individuals, communities, employers, and the health care system.

Performance measures

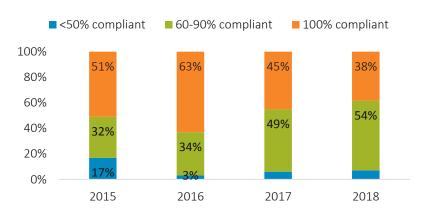
Availability of comprehensive wellness activities in MPHA buildings; proportion of residents with access to them



Definition:

- Beginning in 2013, MHD has worked with Minneapolis Public Housing Authority (MPHA) to connect its 5364 residents to wellness programs and services.
- Partnerships and a resident-centered approach to enhancing wellness has had positive impacts on social norms in the buildings, residents' health behaviors and health conditions, and relationships between the City of Minneapolis and MPHA residents.

Compliance with ordinance requiring minimum amount of healthy foods



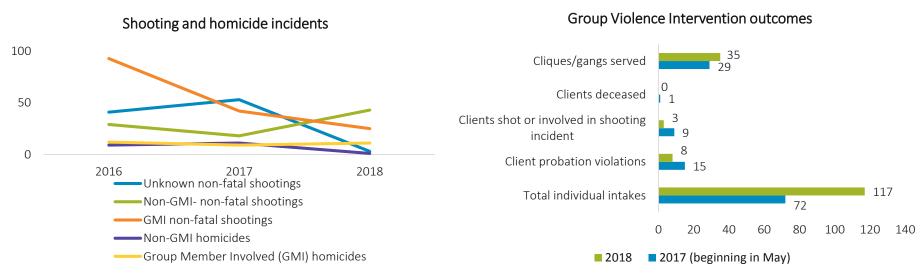
Definition:

• The Staple Foods Ordinance (SFO) requires more than 230 licensed grocery stores (including corner stores, gas stations, dollar stores, and pharmacies) to stock a minimum amount and variety of healthy foods in ten categories. This metric captures the share of stores that are compliant with the ordinance.

Youth Violence Prevention

Program description: The Health Department leads and coordinates citywide efforts to implement the Blueprint for Action to Prevent Youth Violence through policy, planning, community support, and programming. Activities include service coordination with jurisdictional partners, program development, capacity building with small community based agencies, technical assistance, outreach, and partnerships on community engagement activities. MHD's violence prevention initiatives include: partnership with HCMC and North Memorial around hospital-based violence intervention (Next Step); oversight of the Juvenile Supervision Center for curfew, truancy, and low-level offenders; individualized case management and mentoring for youth at risk of involvement with violence (Inspiring Youth); youth outreach and engagement; teen dating violence prevention with high school athletes; and collaboration with the Minneapolis Police department in implementing the Minneapolis Group Violence Intervention strategy.

Performance measures



Definition:

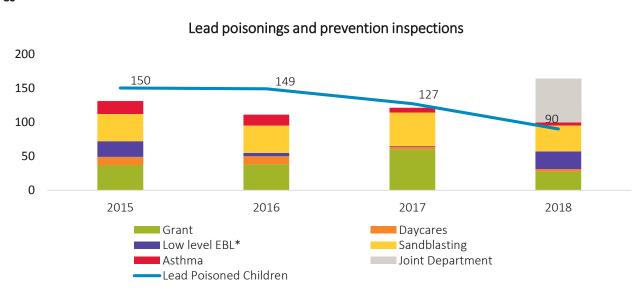
- Group Violence Intervention (GVI) is an evidence-based approach that relies on a partnership between community members, social service providers, and law enforcement standing and acting together to address the actions of the groups most responsible for driving serious violence in the City. The GVI approach is to identify those and to communicate to them, essentially, "you matter, you are important, we want you to survive and flourish, some of what you are doing is wrong, we will help you if you let us, and we will stop you if you make us." 1
- "Group" may refer to street groups, cliques, or gangs. A significant amount of serious violence in Minneapolis is driven by groups that are not organized in the way traditional gangs are and that may not consider themselves to be a gang.
- On the chart, GMI stands for group member involved.

¹: National Network for Safe Communities, Group Violence Intervention: An Implementation Guide. 2013. 2019 Department Results: Health

Lead Poisoning and Healthy Homes

Program description: The Lead Poisoning Prevention and Healthy Homes initiative assures residential homes are safe from lead hazards by conducting inspections for children with diagnosed lead poisoning. The program repairs lead hazards to protect children from exposure to lead which interferes with brain development during a critical stage. Minneapolis currently inspects homes of children with a blood lead level of 5 ug/dl of blood. A Federal grant also supports efforts to address other healthy homes concerns such as radon, asthma triggers, and slip/trip/fall hazards.

Performance measures



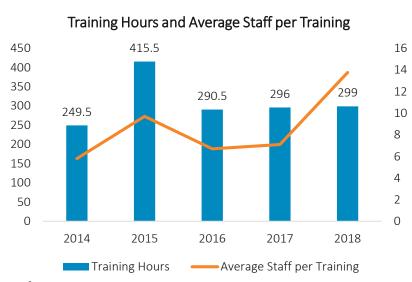
Definition:

- Continued intervention is resulting in a decline in EBL numbers in Minneapolis, but there remains a need to further evaluate the housing stock and ensure additional children are not lead poisoned. Historically, EBLs have been concentrated into specific neighborhoods, and Minneapolis Health is identifying opportunities to intervene at those vulnerable populations to prevent exposure.
- With a goal of zero children lead poisoned in Minneapolis, Lead & Healthy Homes is committed to transition from a response model to a prevention model. Properties with historical building components are in constant need of monitoring or renovation to prevent lead paint from deteriorating and poisoning a child. Evaluating high risk properties with a health-focused lens will ensure that families and owners are educated and resources for fixing problems can be accessed.

Emergency Preparedness and Infectious Disease Prevention

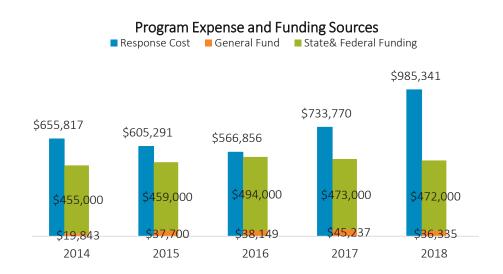
Program description: The Minneapolis Health Department is required by Minnesota statute and City Charter to assure the health and safety of residents and visitors from infectious disease; to prepare for and respond to emergencies; and assist the community in recovery. The Department does so through collaboration, contracts, and participation in a community-wide continuum of care. Public health response includes: routine prevention and intervention activities (provided through contract with Hennepin County); response to small events such as measles and food borne illness; planning and preparing to host large events such as the Super Bowl and NCAA Final Four; support for residents affected by natural or other disasters such as the Northside tornado; and, response to large public health emergencies such as a flu epidemic or terrorism.

Performance measures



Definition:

 Results show that the Health Department is on track with number of hours of training provided to Department staff. This will ensure that Department staff are ready and prepared for any eventual emergency. Moving forward it would be ideal if we had the resources to ensure that a greater percentage of Department staff were trained.



Definition:

 Results show an increasing demand and cost for department readiness and response while financial support decreases and the City financial contribution remains minimal. Primary external funds come from diminishing State and Federal support.